10	(print)	-11-			Office	(if applicable)		10 CE		District (if applicable)
		s (include city a	and zip cod	BENI	2 <u>1</u>	11 80	1570		Telephone No.	5-3200
E-Mail	Address									
Select	Appron	riate Box(es)	⊘ 1 CANDII		B/	ve Enroy	DDTV - Davie	· .		
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All othe	rs			Period:	Jan. 1	20, 1998 — Aug. , 2004 – Aug. 2	6, 2004		nc _T	00000
	Advocac	y Groups (BA	(Gs) only:	Period:	Dec.	5, 2002 – Aug 2	26, 2004		ULI	2 6 2004
X	Re	port #2 Du	ie — Oc	tober 26, 2 Period:		27, 2004 — Oct	. 21. 2004		SECRET	HOHELMER
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		, u	- 441	Period:	Oct. 2:	2, 2004 — Dec				
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		000170		W. 1.					Kara a s	Cumulative
••	4.	CONTRI	BUTIO	NS SUMM	ARY			٠.		From Beginning of Report Period
									This Period	#1 through End of This
	:	5.	• .				y _e a asa s		ing Ngjaraga	Reporting
1	. Total	Monetary Co	ontribution	s Received in	Excess	of \$100			00TH	Period 71180
		Monetary Co							1930	11575.31
						This Period	Cumulative	From		
							Beginning o	Ä		
						ŽĮ.	Through En	d of		
. 2	Total	l Amazint af		04-15-41		0600	This Report	ing		
J.		l Amount of I eived	monetary	Contribution	18	.*			· ·	
	(Add	Lines 1 and 2	2)						-0800	82755,31
4.	. rotai Exce	Value of In K	una Contri	butions Rece	ived in	0	19118	75		
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	• 7	95.4	wije d	1 1/2 1/20	EXP	ENSES SI	JMMARY	as Ni		k wajir
5.	Total	Monetary Ex	penses Pa	aid in Excess	of \$100			c	15.1115	Ps. 00085
6.	Total I	Monetary Exp	enses Pai	id of \$100 or	Less				9P.0T	14/75-
7.	Total.	Amount of A	ul Moneta	ry Expenses	Paid				_	
8.	Total \	ines 5 and 6) Value of In Kir) nd Expens	ses in Excess			1		1317.30	80135.24
	of \$1	00			_	-	&			
				A Sec.	, , , , , , , , , , , , , , , , , , ,	FFIRMAT	TÁN.			
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Declare	Unde	r Penalty of	Perjury 1	hat the Fore	egoing is	i i ue ano C	orrect.			
eclare)	Unde	r Penalty of	Perjury 1	That the Fore	egoing is	inde and C	orrect.		,	

PAGE__OF__L

Name (print)

PAMLY COURT JUDGE
Office (if applicable)

WPRINE WHITE District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE
HEMRY W. CAVALUELA 410 CALIFORMIA AVE REMO MY 59509	40/08/8	# 300.00	
LIMBA MAUY DAYKIN 245 E. LIBERTY ET STE 200 DEMO NIV 89501	101/104	\$ 500.00	,
DEMONDARY FUR MEUROA PUB 8313 BURLINGTON UT OSYON	holmlor	00.002 11	
KRISTIN L. ERLIXEUN POB 40373 RENO NV 89504	4010818	Q 0-096 W	
JOHER VARCAS 100 W. LIBERTY ST REMO MU 89501	8130104	4 300.00	
XEITH L. LEE 3400 KAUAILT STEJOH RENO NV 84509	POLOEIS	# 7-20.00	
RUMALD J. LOCAR 2285 ARLINGTON KUE REND MY 85501	8130104	\$ 720.00	
DEBOY LUNCES 326 HILL ST RENO MV 89501	rolos18	# 150.00	
MARCHUET G. MONES 4162 COURT ST. REND MY 89501	rologlo	10.00 B	
PATRICK TAMES MARTIN 115 RIDGE 87. REND MY 89501	101104	\$ 150.00	
JEAN M BARROWERE BOB 14845 REND MV 89507	40/0E/8	\$ 150.00	
PAUL E QUADE 543 PLUMAR ST REND NV 89509	4130104	\$ 320-09	
OHE E. FIRST ST. STE 100 REMO MY	Nolveld	# 3-50.00	
955 S. VIRGHIA ST. STE DO REMO MY SISUL	40/08/8	\$ 350.00	·
MYLA A SHEEHAN' POB TOTTZ REHLO MY 89570	No10E18	\$ 200.00	✓

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CAMPAIGN EXP	

Report Period #

#3

Name (print)

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FAMILY WHAT TWOFE
Office (if applicable)

District (if applicable)

Expense Categories

CATEGORIES	CODE
Office expenses	А
Expenses related to volunteers	В
Expenses related to travel	С
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	Н
** Goods and services provided in kind for which money would otherwise have been paid	I
Other miscellaneous expenses	J
Expenses related to NRS 294A.160 (Disposition of Unspent Contributions)	К

^{**} NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.

Report Period # 2	Report Period	#2
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Office (If applicable)

OFFSHOE COUNT

Expenses in Excess of \$100 Transfer Total Amount of All Campaign Expenses to Line 5 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
I & B MARKETIHU GIO S. ROUK BLUB SPARE NY 89431	0	4130104	18.141.31
BAVER SWEEHAM LLC POB TOTTL REND NV 89570	A-REMT	9/1/04	\$ 250.00
W.		1011/01	\$ 250.00
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